



**World Health
Organization**

SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY

**Extracts from document EB154/2024/REC/1
for consideration by the Seventy-seventh
World Health Assembly¹**

¹ The present document is made available in order to assist the Health Assembly in its deliberations. The final version of document EB154/2024/REC/1 will be made available in due course on the Governance website at <http://apps.who.int/gb/or/>.

RESOLUTIONS

EB154.R1 Appointment of the Regional Director for the Eastern Mediterranean

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its seventieth session,¹

1. APPOINTS Dr Hanan Hassan Balkhy as Regional Director for the Eastern Mediterranean as from 1 February 2024;
2. AUTHORIZES the Director-General to issue a contract to Dr Hanan Hassan Balkhy for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 23 January 2024)

EB154.R2 Appointment of the Regional Director for South-East Asia

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for South-East Asia at its seventy-sixth session,²

1. APPOINTS Ms Saima Wazed as Regional Director for South-East Asia as from 1 February 2024;
2. AUTHORIZES the Director-General to issue a contract to Ms Saima Wazed for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 23 January 2024)

¹ See resolution EM/RC70/R.7 (2023).

² See resolution SEA/RC76/R1 (2023).

EB154.R3 Appointment of the Regional Director for the Western Pacific

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for the Western Pacific at its seventy-fourth session,¹

1. APPOINTS Dr Saia Ma'u Piukala as Regional Director for the Western Pacific as from 1 February 2024;
2. AUTHORIZES the Director-General to issue a contract to Dr Saia Ma'u Piukala for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

(Third meeting, 23 January 2024)

EB154.R4 Appreciation of the outgoing Regional Director for the Eastern Mediterranean

The Executive Board,

Desiring to express its appreciation to Dr Ahmed Salim Al-Mandhari, for his services as Regional Director for the Eastern Mediterranean;

Mindful of Dr Ahmed Salim Al-Mandhari's lifelong, professional devotion to the cause of global health, and recalling especially his five years of service as Regional Director for the Eastern Mediterranean;

Recalling resolution EM/RC70/R.8 (2023) adopted by the seventieth session of the Regional Committee for the Eastern Mediterranean, which designated Dr Ahmed Salim Al-Mandhari Director Emeritus of the Eastern Mediterranean Region,

1. EXPRESSES its profound gratitude and appreciation to Dr Ahmed Salim Al-Mandhari for his invaluable contribution to the work of WHO, especially his dedicated leadership and invaluable contribution to health development in the Eastern Mediterranean Region;
2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to the global health community.

(Third meeting, 23 January 2024)

EB154.R5 Appreciation of the outgoing Regional Director for South-East Asia

The Executive Board,

Desiring to express its appreciation to Dr Poonam Khetrpal Singh, for her services as Regional Director for South-East Asia;

¹ See resolution WPR/RC74.R1 (2023).

Mindful of Dr Poonam Khetrpal Singh's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for South-East Asia;

Recalling resolution SEA/RC76/R2 (2023) adopted by the seventy-sixth session of the Regional Committee for South-East Asia, which designated Dr Poonam Khetrpal Singh Director Emeritus of the South-East Asia Region,

1. EXPRESSES its profound gratitude and appreciation to Dr Poonam Khetrpal Singh for her invaluable contribution to the work of WHO, especially over the past decade, her exemplary leadership, and her strategic vision to achieve tangible and measurable improvements in the health and well-being of the people of the South-East Asia Region through prioritizing the most pressing needs in the form of eight regional flagship priority programmes; and her diligence in securing the health of all the people, her stewardship, and her relentless pursuit of excellence in disease elimination in the Region;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

(Third meeting, 23 January 2024)

EB154.R6 Appreciation of the outgoing Acting Regional Director for the Western Pacific

The Executive Board,

Desiring to express its appreciation to Dr Zsuzsanna Jakab for her services as Acting Regional Director for the Western Pacific;

Mindful of Dr Zsuzsanna Jakab's lifelong, professional devotion to the cause of global health, and recalling especially her service collectively as Officer-in-Charge of the Regional Office for the Western Pacific then Acting Regional Director for the Western Pacific since August 2022, as Deputy Director-General since 2019, and as Regional Director for Europe from 2010 to 2019,

1. EXPRESSES its profound gratitude and appreciation to Dr Zsuzsanna Jakab for her invaluable contribution to the work of WHO, especially her efforts to ensure continuation of the work and activities of WHO in the Western Pacific Region through a difficult and critical period;
2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

(Third meeting, 23 January 2024)

EB154.R7 Health conditions in the occupied Palestinian territory, including east Jerusalem¹

The Executive Board,

Having considered the report by the Director-General,²

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this resolution.

² Document EB154/51.

RECOMMENDS that the Seventy-seventh World Health Assembly adopt, mutatis mutandis, the resolution EBSS7.R1 (2023) as is, other than the following textual revisions:¹

(1) In operative paragraph 5(a) to replace the phrase “submit recommendations in this regard to the 154th session of the Executive Board and to the fourth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Seventy-seventh World Health Assembly” with “submit recommendations in this regard to the fifth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response and to the 156th session of the Executive Board, and to the Seventy-eighth World Health Assembly”;

(2) In operative paragraph 5(b) to replace the phrase “prior to the Seventy-seventh World Health Assembly” with “prior to the Seventy-eighth World Health Assembly”.

(Eighth meeting, 25 January 2024)

EB154.R8 Confirmation of amendments to the Staff Rules: standards of conduct for staff members, promotion, Global Board of Appeal and staff in posts subject to local recruitment²

The Executive Board,

Having considered the report by the Director-General,³ and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,⁴

CONFIRMS, in accordance with Staff Regulation 12.2, the amendments to the Staff Rules that have been made by the Director-General with effect from 1 January 2024 concerning the standards of conduct for staff members, promotion, Global Board of Appeal and staff in posts subject to local recruitment.

(Fifteenth meeting, 27 January 2024)

EB154.R9 Parental leave⁵

The Executive Board,

Having considered the report by the Director-General,³ and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,⁴

RECOMMENDS to the Seventy-seventh World Health Assembly the adoption of the following resolution:

¹ See Annex 1.

² See Annex 2, and Annex 8 for the financial and administrative implications for the Secretariat of this resolution.

³ Document EB154/48 Rev.1.

⁴ Document EB154/4.

⁵ See Annex 8 for the financial and administrative implications for the Secretariat of this resolution.

The Seventy-seventh World Health Assembly,

Noting the recommendations of the Executive Board with regard to Article VI of the Staff Regulations,

1. ADOPTS the amendments to Staff Regulation 6.2;
2. DECIDES that these amendments shall take effect from 1 January 2024.

(Sixteenth meeting, 27 January 2024)

DECISIONS

EB154(1) Sustainable financing: WHO investment round¹

The Executive Board, having considered the report by the Director-General,² and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,³

Decided:

- (1) to approve the full plan for the investment round and the next steps as outlined in the report;⁴
- (2) to request the Director-General:
 - (a) to report to the Seventy-seventh World Health Assembly, through the fortieth meeting of the Programme, Budget and Administration Committee of the Executive Board, on the progress of the investment round;
 - (b) to submit a report to the Seventy-eighth World Health Assembly, through the forty-second meeting of the Programme, Budget and Administration Committee of the Executive Board, on the outcome of the investment round.

(Second meeting, 22 January 2024)

EB154(2) Evaluation workplan for 2024–2025

The Executive Board, having considered the report by the Director-General,⁵ and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,⁶

Decided to approve the Organization-wide evaluation workplan for 2024–2025.⁷

(Fourth meeting, 23 January 2024)

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/29 Rev.1.

³ Document EB154/4.

⁴ See Annex 3.

⁵ Document EB154/31.

⁶ Document EB154/4.

⁷ See Annex 4.

EB154(3) Proposals for improving the effectiveness of the WHO governing bodies¹

The Executive Board, having considered the report by the Director-General,² and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,³

Decided:

- (1) to request the Director-General, in consultation with Member States and taking note of paragraphs 4, 5, 6 and 7 of document EB154/33 Add.1, to hold informal consultations with Member States to further elaborate on the end-to-end design of the governing bodies meeting cycle, including the respective roles of the Executive Board and existing committees, before any further proposals are presented;
- (2) to request the Director-General to update the model memorandum for Member States seeking to propose new items for inclusion on the provisional agenda of the Executive Board in line with paragraph 13 of document EB154/33 Add.1; and to make the updated memorandum available for Member State use in advance of the 156th session of the Board in 2025;
- (3) to request the Director-General to prepare, in consultation with Member States and taking into account paragraphs 12, 13 and 14 of document EB154/33 Add.1, draft terms of reference to strengthen the effectiveness of the functioning of the Officers of the Executive Board, for consideration by the Board at its 156th session in 2025;⁴
- (4) to grant the Chair of the Executive Board a discretionary mandate starting at the 155th session of the Board to consider, in consultation with the Officers of the Board, the postponement of agenda items with late documentation (published in the six official languages of the Board later than three weeks prior to the opening of those respective sessions), in which case the Secretariat would publish a revision to the provisional agenda reflecting any proposed change as an addendum to the provisional agenda;
- (5) to request the Director-General to submit a report on the implementation of the discretionary mandate in paragraph 4, for consideration by the Executive Board at its 157th session.

(Fourth meeting, 23 January 2024)

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/33 Add.1.

³ Document EB154/4.

⁴ See Annex 5.

EB154(4) Cost recovery mechanisms for voluntary contributions¹

The Executive Board, having considered the report by the Director-General;² and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board;³ noting the importance of sufficient, predictable and flexible resources to ensure that enabling services costs are adequately funded; and recalling the need for voluntary contributions to include sufficient amounts to cover the full cost of implementation,⁴

Decided:

- (1) to urge Member States and donors to minimize demands for reduced rates of indirect cost recovery, while also ensuring that appropriate levels of direct costs are funded to enable the achievement of good-quality results;
- (2) to encourage all donors to continue their efforts to boost timely voluntary funding for WHO that is fully flexible or at least thematic in nature, with appropriate cost recovery;
- (3) to request the Director-General to report on the implementation of this decision to the Executive Board at its 158th session in 2026.

(Fourth meeting, 23 January 2024)

EB154(5) Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance¹

The Executive Board, having considered the report by the former co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance,⁵ and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,⁶

Decided:

- (1) to welcome the proposal for an inclusive informal model for discussions on ongoing Member State-led reform, open to all Member States, following the conclusion of the mandate of the Agile Member States Task Group and the tasking of its co-facilitators;
- (2) to request the Director-General, in consultation with Member States and taking into account paragraph 10 of the report,⁷ to continue to support informal discussions for Member State-led governance reform, open to all Member States, by providing expert technical advice, inputs and logistic support;

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/33 Add.3 Rev.1.

³ Document EB154/4.

⁴ In line with Financial Regulation VIII, paragraph 8.2.

⁵ Document EB154/34.

⁶ Document EB154/4.

⁷ See Annex 6.

(3) to invite Member States represented on the Executive Board to lead the wider membership in chairing and coordinating these discussions, continuing from the leadership of the Agile Member States Task Group co-facilitators;

(4) to request the Director-General to work with those Member States represented on the Board who present themselves, individually or in a team, to lead the wider membership in this work, to convene the first informal meeting on Member State-led governance reform no later than 30 April 2024, with a view to those lead Member States developing a workplan for tracking the achievement of, and/or implementing, the remaining Agile Member States Task Group recommendations and reporting on progress made to the Executive Board at its 156th session in 2025.

(Fourth meeting, 23 January 2024)

EB154(6) Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035¹

The Executive Board, having considered the report by the Director-General,²

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:

The Seventy-seventh World Health Assembly,

Recalling resolution WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies,

Decided to request the Director-General:

(1) to develop, in consultation with Member States, relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO’s Framework of Engagement with Non-State Actors – a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session;

(2) to translate the global strategy into an action plan with targets to be achieved by 2035.

(Sixth meeting, 24 January 2024)

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/6.

EB154(7) Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs¹

The Executive Board, having considered the report by the Director-General,²

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;

Recalling resolutions WHA40.13 (1987) on development of guiding principles for human organ transplants, WHA42.5 (1989) on preventing the purchase and sale of human organs and WHA44.25 (1991) on human organ transplantation, WHA57.18 (2004) on human organ and tissue transplantation and WHA63.22 (2010) on human organ and tissue transplantation (updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation);³

Noting initiatives by the WHO regions in advancing the implementation of current resolutions on transplantation, including decisions taken by the WHO Regional Committee for the Americas⁴ and the WHO Regional Committee for Africa;⁵

Noting the report by the Secretariat on principles on the donation and management of blood, blood components and other medical products of human origin, which promotes respect for human dignity, availability and safety, and good governance;⁶

Welcoming United Nations General Assembly resolution 77/236 (2022) on strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs;

Noting the Madrid resolution on organ donation and transplantation (2011),⁷ an outcome of the Third WHO Global Consultation on Organ Donation and Transplantation (2010) that provides recommendations for countries to progress towards meeting the transplant needs of patients;

Aware that transplantation is currently the preferred, if not the only, therapeutic alternative for patients with end-stage organ failure and that many other diseases benefit from the clinical

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/7.

³ In resolution WHA63.22, the Health Assembly endorsed the updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. See document WHA63/2010/REC/1, resolution WHA63.22 and Annex 8.

⁴ See document CD57/11 and resolution CD57.R11 (2019).

⁵ See document AFR/RC70/12.

⁶ Document A70/19.

⁷ The Madrid resolution on organ donation and transplantation: national responsibility in meeting the needs of patients, guided by the WHO principles. Transplantation. 2011; 91: S29–S31. doi: 10.1097/01.tp.0000399131.74618.a5.

application of human cells and tissues, and that such treatments depend on the altruistic donation of cells, tissues and organs;

Conscious that, despite the priority given by many Member States to prevention strategies, the burden of noncommunicable diseases treatable through transplantation continues to grow, as does the commensurate need for transplantation of human cells, tissues and organs;

Mindful that facilitating access to transplantation of human cells, tissues and organs can reduce the premature mortality associated with noncommunicable and other diseases, improve the quality of life of thousands of patients throughout the world, and help communities to diminish the high costs of alternative treatment modalities;

Noting that expanded access to transplant therapies might contribute to the achievement of the United Nations Sustainable Development Goals, in particular, targets 3.4 (reduction of premature mortality from noncommunicable diseases) and 3.8 (access to universal health care);¹

Aware that, despite the progress made over the past two decades, transplantation is not fully developed in all Member States, making access to these therapies neither universal nor equitable, a problem that impacts countries regardless of their level of development;²

Noting with concern that the pandemic of coronavirus disease (COVID-19) had a profound, negative effect on donation and transplantation activities,³ revealing the need to consider including transplant therapies in approaches designed to strengthen the resilience of health care systems;

Convinced that insufficient access to transplantation therapies is one of the root causes of trafficking in persons for the purpose of organ removal and trafficking in human organs, practices that undermine human rights and pose serious risks to public health;

Alarmed that armed conflicts, natural disasters and humanitarian emergencies are fuelling migration, particularly among disadvantaged populations and those in the most vulnerable situations, thereby increasing the risk of trafficking in persons for the purpose of organ removal and trafficking in human organs and exacerbating inequities in access to therapies based on human cells, tissues and organs;

Noting with concern the lack of full implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, particularly regarding transparent data reporting and health authority oversight of transplant practices;

¹ Domínguez-Gil B, Ascher NL, Fadhil RAS, Muller E, Cantarovich M, Ahn C, et al. The reality of inadequate patient care and the need for a global action framework in organ donation and transplantation. *Transplantation*. 2022; 1;106(11):2111-2117. doi: 10.1097/TP.0000000000004186.

² See document A75/41.

³ Aubert O, Yoo D, Zielinski D, Cozzi E, Cardillo M, Dürr M, et al. COVID-19 pandemic and worldwide organ transplantation: a population-based study. *Lancet Public Health*. 2021;6(10):e709-e719. doi: 10.1016/S2468-2667(21)00200-0.

Aware that technological innovations applicable to human cells, tissues and organs are increasingly enabling therapies that, given the unique origin of these novel treatments, require specific regulations with a particular focus on ethical considerations,¹

1. URGES Member States, in accordance with their national contexts:

(1) to implement or strengthen existing preventive strategies targeted at reducing the burden of noncommunicable and other diseases treatable with transplantation;

(2) to integrate donation, transplantation and transplant follow-up activities into health care systems, so deceased donation is routinely considered as an option at the end of life and transplantation is incorporated in the continuum of care of patients with noncommunicable and other diseases or conditions that may benefit from this therapy, by pursuing policies that support universal health coverage and eliminate financial barriers to access quality, safe, effective, affordable and essential health services;²

(3) to protect living donors by requiring informed consent and appropriate medical and psychosocial evaluation, as well as by providing proper follow-up care;

(4) to increase the availability of human cells, tissues and organs for transplantation with special attention to developing deceased donation to its maximum therapeutic potential, including donation after the neurological determination of death and, where appropriate, donation after the circulatory determination of death, and in line with the relevant WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;

(5) to establish, where appropriate, official international cooperation for the exchange of human cells, tissues and organs or transplant services, based on the principles of reciprocity and solidarity, as a means of facilitating universal access to transplantation therapies;

(6) to develop and implement regulatory frameworks aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, in particular by encouraging donation as an altruistic, voluntary and non-remunerated act and by promoting equitable access to transplantation therapies;

(7) to designate authorities and improve capacities to provide governance and implementation of donation and transplantation activities in their jurisdictions;

(8) to ensure that donation and transplantation activities take place in centres specifically authorized, accredited or registered, and establish control measures, such as periodic or risk-based inspections and the collection and timely reporting of data on every donation and transplant procedure, including transplants carried out on residents in other jurisdictions;

(9) to promote the safety and efficacy of transplantation by collecting data on the outcomes of recipients and living donors, conducting biovigilance and relevant surveillance, ensuring capacity to trace cells, tissues and organs from donor to recipient,

¹ WHO Expert Committee on Biological Standardization: seventy-seventh report. Geneva: World Health Organization; 2023 (WHO Technical Report Series, No. 1048) (<https://iris.who.int/bitstream/handle/10665/373128/9789240078116-eng.pdf?sequence=1>, accessed 30 December 2023).

² See United Nations General Assembly resolution 78/4 (2023).

and vice versa, and encouraging the use of globally consistent coding systems for human cells, tissues and organs;

(10) to consider including donation and transplantation in national and regional preparedness plans designed to increase the resilience of health care systems and to facilitate an effective response to transplant needs in the event of crisis;

(11) to take measures to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs and to protect victims and survivors of these crimes by strengthening legislative frameworks, enforcing clinical protocols for the psychosocial evaluation of prospective living donors, engaging health care professionals, governments and other stakeholders in reporting suspected or confirmed cases of trafficking to law enforcement agencies, promoting international cooperation,¹ and collecting data and conducting research on the trends in both crimes;²

(12) to promote research and innovation to maximize the use and optimize the outcomes of transplantation of human cells, tissues and organs, as well as to enable development of alternative therapies to those based on the clinical use of human cells, tissues and organs;

(13) to implement regulatory frameworks applicable to innovative therapies developed from substantially manipulated cells, tissues and organs that ensure the protection of donors and recipients, and that pursue equity in access to these novel therapies and sustainable health care systems;

(14) to participate in consultations organized by WHO to develop a global strategy on donation and transplantation;

(15) to consider providing appropriate support to WHO in implementing this resolution;

2. REQUESTS the Director-General:

(1) to provide Member States, upon request, with technical assistance for developing national legislation and regulations aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, assessing transplantation needs, establishing or strengthening national authorities, improving capacities to increase the availability of cells, tissues and organs, and implementing ethical, effective and safe transplant programmes;

(2) to assist Member States, upon request, to strengthen their regulatory capacity to effectively oversee donation and transplantation practices, including through monitoring and evaluating transplantation programme performance and donor and recipient outcomes;

(3) to continue collecting, analysing and making available to Member States global data on the legislation, regulations, practices, safety, quality, effectiveness, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

¹ World Medical Assembly statement on measures for the prevention and fight against transplant-related crimes. Seventy-first World Medical Assembly General Assembly. Cordoba; 2020 (<https://www.wma.net/policies-post/wma-statement-on-measures-for-the-prevention-and-fight-against-transplant-related-crimes/#:~:text=The%20WMA%20emphasises%20the%20responsibility,assisting%20international%20organisations%2C%20medical%20associations,> accessed 26 December 2023).

² The *Global Report on Trafficking in Persons* prepared by the United Nations Office on Drugs and Crime, in accordance with the provisions set out in United Nations General Assembly resolution 70/179 (2015).

- (4) to revise the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation to incorporate additional principles that address new ethical challenges posed by scientific advancements in the field, in particular principles to safeguard the intrinsic value of novel products and treatments that are developed from human cells, tissues and organs;
- (5) to continue and strengthen cooperation with United Nations agencies, including the United Nations Office on Drugs and Crime, inter-agency mechanisms, Member State ministries and other relevant stakeholders to improve country, regional and global capacity to respond to identified cases of trafficking in persons for the purpose of organ removal and of trafficking in human organs;
- (6) to provide, in cooperation with key international professional associations and other relevant stakeholders, reference guidance to Member States on the diagnosis of death by neurological and by circulatory criteria;
- (7) to develop, in consultation with Member States, nongovernmental organizations and other relevant stakeholders in accordance with the Framework of Engagement with Non-State Actors and within existing resources, a global strategy on donation and transplantation, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, that supports Member States to integrate donation and transplantation into health care systems and promotes the implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;
- (8) to further explore, as part of the global strategy referred to in operative paragraph 2(7), and in accordance with the current framework for world health days, the feasibility and potential impact of establishing a World Donor Day to raise public awareness and enhance understanding on the need for altruistic donation of human cells, tissues and organs and propel global action by Member States to structure appropriate donation and transplantation systems, taking into consideration the existence of other relevant events either observed by WHO or established by other international entities;
- (9) to establish an expert committee in accordance with the Regulations for Expert Advisory Panels and Committees,¹ to assist the Secretariat in developing the proposed global strategy on donation and transplantation and support its implementation;
- (10) to provide a consolidated report on progress in the implementation of this resolution in 2026 to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, as well as on progress in the implementation of resolution WHA63.22 on human organ and tissue transplantation.

(Seventh meeting, 24 January 2024)

¹ Regulations for Expert Advisory Panels and Committees. Geneva: World Health Organization; 2022 (<https://apps.who.int/gb/bd/PDF/bd47/EN/regu-for-expert-en.pdf>, accessed 30 December 2023).

EB154(8) Draft global action plan and monitoring framework on infection prevention and control¹

The Executive Board, having considered the report by the Director-General,²

Decided to recommend that the Seventy-seventh World Health Assembly adopt the following draft decision:

The Seventy-seventh World Health Assembly, having considered the report by the Director-General,

Decided to adopt the global action plan and monitoring framework on infection prevention and control as contained in the Table in document EB154/8.

(Seventh meeting, 24 January 2024)

EB154(9) Universal Health and Preparedness Review¹

The Executive Board, having considered the reports by the Director-General,³

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:

The Seventy-seventh World Health Assembly, having considered the reports by the Director-General,

Decided:

(1) to take note of the reports of the Central African Republic,⁴ Iraq,⁵ Portugal,⁶ Sierra Leone⁷ and Thailand⁸ made during the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review⁹ process meant to occur;

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/8.

³ Documents EB154/14 and EB154/15.

⁴ Universal Health and Preparedness Review (UHDR): National Report of Central African Republic. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-and-readiness-review--\(uhpr\)--national-report-of-central-african-republic](https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-central-african-republic), accessed 18 December 2023).

⁵ Universal Health and Preparedness Review (UHDR): National Report of Iraq. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)--national-report-of-the-republic-of-iraq](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-the-republic-of-iraq), accessed 18 December 2023).

⁶ Universal Health and Preparedness Review (UHDR): National Report of Portugal. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)--national-report-of-portugal](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-portugal), accessed 18 December 2023).

⁷ Universal Health and Preparedness Review (UHDR): National Report of Sierra Leone. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-and-readiness-review--\(uhpr\)--national-report-of-sierra-leone](https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-sierra-leone), accessed 18 December 2023).

⁸ Universal Health and Preparedness Review (UHDR): National Report of Thailand. Geneva: World Health Organization; 2023 ([https://www.who.int/publications/m/item/universal-health-preparedness-review-\(uhpr\)-2022--thailand](https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)-2022--thailand), accessed 18 December 2023).

⁹ Universal Health and Preparedness Review (<https://www.who.int/emergencies/operations/universal-health---preparedness-review>, accessed 18 December 2023).

(2) to request the Director-General, in consultation with Member States, to continue developing the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review according to the report submitted to the Seventy-fifth World Health Assembly¹ and feedback from Member States, without prejudice to the processes of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), building on existing mechanisms under and in support of the International Health Regulations (2005) in a manner complementary to and non-duplicative of existing modalities and evaluation tools and processes used by Member States, namely those in the International Health Regulations Monitoring and Evaluation Framework;

(3) to request the Director-General to report to the Seventy-eighth World Health Assembly, through the Executive Board at its 156th session, on lessons learned, implications, benefits, challenges and options for the next steps.

(Eighth meeting, 25 January 2024)

EB154(10) Strengthening laboratory biological risk management^{2,3,4}

The Executive Board, having considered the reports by the Director-General,⁵

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

Acknowledging the increasing risk of outbreaks of emerging and re-emerging diseases⁶ and the need for strengthened global preparedness, including in the area of life science research and public health microbiology;

Recalling resolution WHA58.29 (2005) on enhancement of laboratory biosafety, which proposed actions to implement an integrated approach to biosafety, and other relevant resolutions;⁷

¹ Document A75/21.

² Laboratory biological risk management in the present decision refers to principles, technologies and practices that are implemented to prevent unintentional exposure to biological agents and their inadvertent release (that is, laboratory biosafety) as well as unauthorized access, loss, theft, misuse, diversion or release, including protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling (that is, laboratory biosecurity). See Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020 (https://www.who.int/publications/i/item/978924_0011311, accessed 17 January 2024).

³ See document A74/18.

⁴ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

⁵ Documents EB154/14 and EB154/15.

⁶ See WHO South-East Asia Dialogue. New Delhi: WHO Regional Office for South-East Asia; 2023 (<https://www.who.int/publications/i/item/9789290210955>, accessed 17 January 2024).

⁷ Inter alia, resolutions WHA58.3 (2005), WHA71.16 (2018), WHA74.7 (2021) and WHA76.5 (2023).

Recognizing the efforts and progress made in strengthening laboratory biosafety and structurally improving biocontainment conditions by both Member States and the Secretariat in collaboration with and alignment to relevant WHO technical guidance, as outlined in resolution WHA58.29;

Noting the implementation of specific programmes consistent with WHO guidance,¹ and development of national preparedness plans, mobilization of national and international resources and collaboration;

Noting also WHO's provision of technical support to Member States through the updating and publication of relevant guidance documents;

Stressing the importance of continuing implementation and strengthening of laboratory biological risk management, which includes institutional and personnel biosecurity measures;

Recognizing the critical role of relevant sectors'² laboratories in global health security and that the growing number of maximum-containment facilities engaging in research with high-consequence pathogens³ affecting humans, animals and other living organisms,⁴ as well as the widespread use of new technologies, are changing the landscape of laboratory biosafety and laboratory biosecurity;⁵

Noting that the evolution of laboratory biological risk mitigation and management towards a more risk- and evidence-based approach requires Member States' effective control measures, practices and competencies as well as the strengthening of responsible conduct at all organizational levels;

Considering that research and development using high-consequence and other biological agents, as appropriate, in laboratories is critical for preventing, detecting and controlling outbreaks of emerging and re-emerging diseases and that their release from any type of containment facilities, including those belonging to pharmaceutical manufacturers and private entities, may have global ramifications;

Expressing concern regarding gaps in the implementation of laboratory biosafety and laboratory biosecurity measures, according to reports and evaluations under the International Health Regulations (2005),⁶ and the additional appropriate actions required to minimize laboratory-associated biological risks;

¹ Including the Tianjin Biosecurity Guidelines for Codes of Conduct for Scientists.

² See *Advanced global health security: from commitments to actions*. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/WHO-HSE-GCR-2016.15>, accessed 17 January 2024).

³ High-consequence material, technology and information is defined as a biological agent, biological material, technology and the information about it, capable of causing, direct or indirect, disease or other harmful effects in humans, animals, plants and/or the environment with severe or even catastrophic consequences. As per *Biorisk management: laboratory biosecurity guidance*, second edition. Geneva: World Health Organization (being finalized).

⁴ High-consequence research is defined as biomedical research that uses or creates material, technology or information that could, besides its intended benefits, be misused to cause significant harm to humans, animals, plants and/or the environment. As per *Biorisk management: laboratory biosecurity guidance*, second edition. Geneva: World Health Organization (being finalized).

⁵ Laboratory biosecurity is defined as preventing unauthorized access, loss, theft, misuse, diversion or release, including protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling. See *Laboratory biosafety manual*, fourth edition. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240011311>, accessed 17 January 2024).

⁶ Including the State Party Self-Assessment Annual Reporting Tool and other voluntary tools, as appropriate.

Mindful also that the rapid advancement of technology, including easier access to genetic engineering, synthetic biology and research involving genetically modified pathogenic microorganisms, and those for which the highly contagious and/or virulent potential for humans, animals and other living organisms, as well as inter-species transmission, is not fully characterized and predictable;

Underscoring the importance of Member States' commitment to address the gaps as identified by evaluations under the International Health Regulations (2005), strengthen and raise the profile of laboratory biological risk mitigation and management as one of the necessary health security capacities for preventing, preparing for and responding to health emergencies, including pandemics and other emergencies,

1. CALLS on Member States¹ in accordance with national context and priorities:

(1) to comprehensively strengthen implementation of resolution WHA58.29 (2005) on enhancement of laboratory biosafety by including essential elements of biological risk mitigation and management within their national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms;

(2) to approve, strengthen and implement, within the capacities and priorities of each sovereign Member State, whole-of-government, multisectoral national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms, including research and transportation, in line with WHO guidelines, involving high-consequence biological agents,² that would, in case of release or exposure, cause significant harm or potentially catastrophic consequences;

(3) to strengthen training and continual development of competent human resources, including in the areas of research, data and incident-management systems on laboratory biological risk mitigation and management;

(4) to promote a risk-based approach in support of a sound technical foundation through evidence-based measures, a sound culture of biosafety and biosecurity³ at all institutional levels, and appropriate awareness, including cultural and behavioural approaches, practices and interventions that support transparent communication with prevention of and resilience to misinformation and disinformation;

(5) to develop and align, as appropriate with relevant international standards, legislation and/or regulation and policies around laboratory biological risk mitigation and management, including involving possession, use or transfer of high-consequence biological agents and relevant containment facilities, the handling of research data, methodologies in synthetic and other newly developed fields of biology and their products, where legislation, regulation and policies should support inclusivity in the context of

¹ And, where applicable, regional economic integration organizations.

² See WHO consultative meeting on high/maximum containment (biosafety level 4) laboratories networking: meeting report, Lyon, France, 13–15 December 2017. Geneva: World Health Organization; 2018; Biorisk management: laboratory biosecurity guidance, second edition. Geneva: World Health Organization (being finalized).

³ Biosafety culture is the set of values, beliefs and patterns of behaviour instilled and facilitated in an open and trusting environment by individuals throughout the organization who work together to support or enhance best practice for laboratory biosafety. See Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240011311>, accessed 17 January 2024).

promoting people-centred health, disease prevention, early detection of and response to health emergencies and to reduce the burden on health systems;

(6) to augment and secure international cooperation, development of technical tools and sharing of information about laboratories and incidents to implement practically, in line with the International Health Regulations (2005), laboratory biological risk mitigation and management with considerations for information security and potential risks of international spread;

2. REQUESTS the Director-General:

(1) to provide technical assistance and normative guidance to Member States, on request, in developing comprehensive, biological risk-management strategies, measures, and oversight systems, including for laboratory containment, research and the responsible use of the sciences, and for scaling up the implementation based on the needs and priorities of Member States;

(2) to assist Member States' development and implementation of laboratory biosafety and biosecurity national strategies in line with national legislation and the applicable general programme of work with the appropriate structure, resources, assets and capabilities in alignment with financial support based on the structure at country-level strategy;

(3) to ensure that WHO builds on its strengths, by developing and updating guidance for laboratory biological risk management in cooperation with other international organizations, including, but not limited to, convening discussions for proposing consensus-based baselines for enabling objective assessment and incident reporting under the International Health Regulations (2005) of facilities working with microbiological agents through the identification and promotion of best practices, such as evidence- and risk-based interventions, in the context of each Member State and its current phase in the development of the national laboratory biosafety and biosecurity programme;

(4) to monitor at all levels of WHO and to report to the Health Assembly developments, evidence and trends in laboratory biosafety- and laboratory biosecurity-related tools, technologies, methodologies and standards in health systems, public health, training programmes of all stakeholders, including academic institutions and the private sector, and data science, and to analyse their implications and possible use for the achievement of the health-related Sustainable Development Goals with the engagement of all relevant sectors;

(5) to promote WHO's collaboration with other organizations and relevant stakeholders in line with the Framework of Engagement with Non-State Actors in a manner cohesive to strengthening the implementation of laboratory biological risk mitigation and management by leveraging their capabilities through WHO collaborating centres and other relevant technical partners or national and international voluntary partnerships;

(6) to enable continued discussion among Member States and relevant international organizations or stakeholders on possible additional proposals to strengthen biological laboratory risk mitigation and management comprehensively;

(7) to report on progress made in the implementation of this resolution, and challenges faced, to the Health Assembly in 2026, 2028 and 2030.

EB154(11) Global Health and Peace Initiative¹

The Executive Board, having considered the report by the Director-General,²

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;

Emphasizing the role of WHO within its mandate as the directing and coordinating authority on international health work;

Recalling the Constitution of the World Health Organization recognizing that the health of all peoples is fundamental to the attainment of peace and security and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;

Recalling also resolution WHA34.38 (1981) on the role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all;

Recalling further resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, in which the Health Assembly recognized that WHO is in a unique position to support health ministries and partners, as the lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and called on Member States to strengthen national risk management, health emergency preparedness and contingency planning processes and disaster management units in the health ministry, as outlined in resolution WHA64.10 (2011);

Reaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory, and that the affected State has the primary role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory;

Recalling United Nations General Assembly resolution 46/182 (19 December 1991) on strengthening of the coordination of humanitarian emergency assistance of the United Nation and all subsequent General Assembly resolutions on the subject, including resolution 78/119 (8 December 2023), and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

Recalling also that international humanitarian law, as applicable, must be fully applied in all circumstances, without any adverse distinction based on the nature or origin of the armed conflict or on the causes espoused by or attributed to the parties to the conflict, recalling that domestic implementation of international obligations plays a central role in fulfilling the

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/17.

obligation to respect international humanitarian law, and recognizing the primary role of States in this regard;

Recalling further decision WHA68(10) (2015) in which the Health Assembly reiterated that WHO's emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and shall be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness and country ownership;

Also recalling decision WHA75(24) (2022) in which the Health Assembly requested the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward and to then develop a road map;

Further recalling decision WHA76(12) (2023) in which the Health Assembly took note of the Roadmap for the Global Health and Peace Initiative and requested the Director-General to report on progress made on strengthening the Roadmap, as a living document through consultations with Member States, Observers and other stakeholders, as decided by Member States;

Considering the continued work on strengthening the Roadmap as requested in decision WHA76(12),

REQUESTS the Director-General:

- (1) to continue the following actions, within and as part of the consultative process of strengthening the Roadmap for the Global Health and Peace Initiative:
 - (a) evidence gathering through research summary and its analysis;
 - (b) communication and awareness about the Global Health and Peace Initiative and its added value and the Health and Peace approach to programming;
 - (c) capacity-building through technical support and the development of an internal WHO training handbook for programming purposes within WHO's mandate;
 - (d) dialogue and partnership with key actors to explore where expertise can be pooled and identify areas of cooperation;
- (2) to report back on progress to the Executive Board at its 158th session in 2026 and for the consideration of further action by Member States;
- (3) to report to the Eighty-second World Health Assembly in 2029, through the Executive Board, on the status of the Roadmap in view of a possible, consensual strengthened Roadmap.

(Tenth meeting, 25 January 2024)

EB154(12) Engagement with non-State actors¹

The Executive Board, having considered the report by the Director-General,² and having also considered the report of the Programme, Budget and Administration Committee of the Executive Board,³

(1) Decided:

(a) to request the Programme, Budget and Administration Committee of the Executive Board to conduct further discussions regarding the proposal to admit the two entities listed in Annex 1 to document EB154/37, including at its informal meeting, and to provide a recommendation to the Executive Board at its 155th meeting, through the fortieth meeting of Programme, Budget and Administration Committee in May 2024, to enable the Board to finalize its decision;

(b) to discontinue official relations with the International Network for Cancer Treatment and Research;

(2) Noted with appreciation the collaboration with WHO of the non-State actors listed in Annex 7, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) Further noted that the plans for collaboration with the Alliance for Health Promotion, the International Society for Environmental Epidemiology, Inc., the International Solid Waste Association, March of Dimes, Inc. and the World Federation of Hydrotherapy and Climatotherapy have yet to be agreed, and decided to defer the review of relations with these entities until the 156th session of the Board in January 2025, at which time reports should be presented to the Board on the agreed plan for collaboration, and on the status of relations.

(Thirteenth meeting, 26 January 2024)

EB143(13) Strengthening health and well-being through sport events^{1,4}

The Executive Board, having considered the report by the Director-General,⁵

Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Document EB154/37.

³ Document EB154/4.

⁴ Definition of sport events: Sport events are events of limited duration that have a global, regional, national or community reach (in terms of participation, audience and/or media coverage), may require investment and may have an impact on the population and built environment.

Definition of legacy of sport events: "Legacy" means the planned and unplanned outcomes from the hosting of a sport event.

Reference: OECD definition of Global Events and definition of Legacy of Global Events (2018) modified.

⁵ Document EB154/23.

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General;

Reaffirming the commitment to the principles of the Declaration of Alma-Ata on primary health care (1978), the Ottawa Charter for Health Promotion (1986), the Jakarta Declaration on Leading Health Promotion into the 21st Century (1997), the Bangkok Charter for Health Promotion in a Globalized World (2005) and other relevant international agreements on health promotion and disease prevention;

Recalling the global burden of noncommunicable diseases that accounts for 74% of all global deaths¹ and 1.62 billion disability-adjusted life years,² and noting with concern the rising prevalence of noncommunicable diseases, injuries and other health challenges;

Reaffirming the importance of advancing the United Nations Sustainable Development Goals set in 2015 (United Nations General Assembly resolution 70/1), including Goal 3, while acknowledging the lack of progress in meeting Sustainable Development Goal target 3.4 to reduce premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being by one third by 2030, as well as of United Nations General Assembly resolution 75/18 on sport as an enabler of sustainable development and of the UNESCO Fit for Life flagship sports initiative;

Recognizing the significance of the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (decision WHA75(11) (2022)), as well as the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (resolution WHA66.10 (2013)), as extended to 2030, and its call for multisectoral actions to address the determinants of noncommunicable diseases, including those related to physical inactivity, unhealthy nutrition and social inequalities;

Recognizing the critical impact of regular physical activity on both physical and mental health, and the concerning shortfall in meeting WHO's recommended levels of physical activity included in the global action plan on physical activity 2018–2030 (resolution WHA71.6 (2018)) and the challenges presented by the pandemic of coronavirus disease;

Building on resolution WHA75.19 (2022) on well-being and health promotion and decision WHA76(22) (2023) on achieving well-being: a global framework for integrating well-being into public health utilizing a health promotion approach, as well as resolutions WHA76.7 (2023) on behavioural sciences for better health and WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies;

Recognizing the significant challenges related to the health security of sport events and reaffirming resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underlines that preparing for and responding to health emergencies is primarily the responsibility and crucial role of governments, as well as resolution WHA75.7 (2022) on strengthening health emergency preparedness and response in cities and

¹ WHO noncommunicable diseases fact sheet (<https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>, accessed 23 January 2024).

² Global Health Metrics. Non-communicable diseases—Level 1 cause. *The Lancet*, vol. 396 (17 October 2020) (<https://www.thelancet.com/pb-assets/Lancet/gbd/summaries/diseases/non-communicable-diseases.pdf>, accessed 23 January 2024).

urban settings, which recognizes the important role that cities and local authorities have in preventing, preparing for and responding to health emergencies;

Reaffirming the resolutions adopted at previous sessions of the United Nations General Assembly and World Health Assembly that emphasize the significance of collaboration between public and private sectors aimed at promoting health integration within sport events, in full accordance with the Framework of Engagement with Non-State Actors (resolution WHA69.10 (2016));

Recognizing the significant role of sport in promoting health and well-being, the importance of sport events as a channel for reaching a large number of people and the influence of sport events in the society at all levels, as well as their potential to impact human behaviour, well-being and physical and mental health;

Recognizing that sport plays an important role in promoting respect for human rights and is a bridge between cultures to promote dialogue, mutual understanding, fairness, non-discrimination, respect and equal opportunities for all, as underscored by the United Nations Alliance of Civilizations, and acknowledging the wide reach of sport that is capable of acting as a conduit for societal change through empowerment and inclusion;

Recognizing the importance of access to sport and sustainable physical activity for all, including people with disabilities pursuant to resolutions WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and WHA76.6 (2023) on strengthening rehabilitation in health systems who have higher barriers to access sports and sport events, including infrastructure that does not allow for participation;

Stressing the potential of digital technologies to advance health outcomes, as described in resolution WHA71.7 (2018) on digital health, and in that connection, to promote innovation in the planning, organization and evaluation of sport events and beyond, as well as to enhance physical activity measurements, epidemiological surveillance, behavioural change and innovation,

1. URGES Member States,¹ in accordance with the national context and priorities:

(1) to leverage the power of sport events and sport settings, according to the best available evidence, to address broader public health challenges, such as health emergencies preparedness and response, noncommunicable diseases, violence and injuries, mental health conditions and social inclusion, and to improve societal well-being through collaboration and partnership with all relevant stakeholders, while addressing the risk of undue influences, through transparency and accountability measures, and the potential negative impacts on human health;

(2) to implement effective, evidence-based health promotion measures in sport events at the international, regional and national levels and in subnational community-based, organized sport settings, including by utilizing innovative digital technologies as well as behavioural science, to improve the impact on population health through reducing risk factors of noncommunicable diseases and enhancing mental and social health, and well-being;

(3) to facilitate and strengthen capacity in health emergency preparedness, readiness and response and to ensure that activities are planned by applying a risk-based approach and

¹ And, where applicable, regional economic integration organizations.

implemented in line with WHO guidance on mass gatherings¹ to avoid adverse health consequences and to maintain and strengthen the full operation of existing health systems without disruption and overload during sport events;

(4) to cooperate with the WHO and other relevant organizations, as necessary, in the preparation of mega sport events, including through emergency medical care planning and response and by applying the Emergency Medical Teams initiative principles, core and technical standards as appropriate;

(5) to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control, to promote policies on alcohol in line with the WHO action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, and to minimize the negative consequences of gambling to health and well-being;²

(6) to integrate, as part of the objectives of sport events, the promotion of regular, adapted and sustainable physical activity for people of all ages and abilities, as well as sustainable, safe and green mobility, thus contributing to air quality control and improvement;

(7) to encourage the event organizers to conduct health impact assessments of sport events, events legacy and associated programmes to guide evidence-based decision-making, planning and evaluation, as appropriate, and to ensure adequate planning and resources to conduct post-event short-, medium- and long-term evaluations to assess the public health impact, including the societal cost–benefit resulting from these actions;

(8) to share and recognize best practices, lessons learned and innovative approaches to integrating health promotion into sport and sport events and to foster global collaboration, research and knowledge exchange in order to inform public health policies across sectors, including through WHO’s dedicated activities and Healthy Cities Networks, with the aim of improving health and creating urban environments that support well-being, reduce health inequalities and build resilient communities;

(9) to increase accessibility to sport events and to inclusive sport and physical activity interventions as part of sport event legacy in community settings, including sport clubs, educational institutions, medical and social centres and workplaces, using evidence-based approaches to increase participation in sport and physical activity, while paying special attention to meeting the needs of the most vulnerable and disadvantaged populations and reducing health inequities;

(10) to foster opportunities and partnerships with relevant stakeholders, while addressing the risk of undue influence, to implement and evaluate the use of awareness-raising and behavioural change interventions and campaigns aiming at promoting health and well-being through sport events, including through traditional and social media platforms, according to context and target audience, and to build the evidence on cost-effective approaches;

¹ <https://www.who.int/activities/managing-health-risks-during-mass-gatherings> (accessed 23 January 2024).

² The paragraph will be subject to further consultations with Member States.

(11) to consider establishing a national annual “Sport and Physical Activity Day” to strengthen advocacy and promotion of the benefits of sport and physical activity for health and well-being;

(12) to enhance collaboration and partnerships with other relevant stakeholders, while addressing the risk of undue influence, to develop and test new ways of resourcing health promotion in and through sport events and their legacy;

2. INVITES other relevant international organizations and relevant non-State actors to cooperate with Member States:

(1) to jointly implement effective, evidence-based health promotion measures and to contribute and support health emergency preparedness and response when organizing sport events, in order to promote and protect population health, improve community well-being, and mitigate any negative impacts on health;

(2) to strengthen partnerships with other relevant stakeholders and to mobilize expertise and resources, in order to support the delivery of health promotion through sport events on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect;

(3) to support the evaluation of health promotion and health emergency preparedness and response in sport events and make available such data and information, in order to strengthen the evidence base associated with the planning, implementation and evaluation of sport events and their legacy in the short-, medium- and long-term;

3. REQUESTS the Director-General:

(1) to develop and strengthen the evidence base on the short-, medium- and long-term impact of sport events and their legacy programmes on health;

(2) to develop technical guidance for Member States on how to implement and leverage the opportunities and reach of sport events and their legacy programmes, in order to improve health and well-being and minimize any detrimental effects on health, as well as to provide technical assistance upon the request of Member States in the application of the guidance within country context;

(3) to provide Member States with appropriate technical tools, support and training to conduct health impact assessments of sport events and their legacies;

(4) to provide technical assistance and training to Member States upon request on the application of existing WHO mass gathering guidance and tools, including for the development of emergency medical teams, as appropriate, and to develop additional instruments as required for the planning, implementation and evaluation of sport events;

(5) to set up a platform to coordinate the efforts and activities of Member States to facilitate exchange of experiences and best practices, in order to ensure synergies and increase the positive impact of sport events and their legacy programmes for health and well-being;

(6) to support Member States to effectively use appropriate national and international days on sport or relevant health issues to stress the importance of physical activity and sport to promote health and well-being;

(7) to establish and strengthen partnerships with other international organizations and non-State actors, in full accordance with the Framework of Engagement with Non-State Actors, to mobilize expertise and resources, and to review and analyse possible models, including funding, to strengthen health promotion through sport events, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;

(8) to provide progress reports to the Health Assembly in 2027 and 2030, outlining the achievements and challenges related to the integration of health and well-being into sport events.

(Fourth meeting, 23 January 2024)

EB154(14) Process for the nomination and appointment of Regional Directors¹

The Executive Board, having considered the Notes by the Legal Counsel on the process for the election of Regional Directors,²

Decided to request the Director-General:

(1) to hold informal consultations with Member States, with a view to preparing a consultation document on measures to enhance the transparency, accountability and integrity of the process for the nomination of Regional Directors, for the consideration of the regional committees in 2024;

(2) to hold additional informal consultations with Member States, taking account of the outcome of the deliberations of the regional committees, and to submit a document summarizing the outcome of those consultations, including options for consideration, as appropriate, to the Executive Board at its 157th session in 2025.

(Fourteenth meeting, 27 January 2024)

EB154(15) Provisional agenda of the Seventy-seventh World Health Assembly

The Executive Board, having considered the report of the Director-General,³ and recalling its earlier decision that the Seventy-seventh World Health Assembly should be held in Geneva, opening on Monday, 27 May 2024, and closing no later than Saturday, 1 June 2024,⁴ approved the provisional agenda of the Seventy-seventh World Health Assembly.

(Sixteenth meeting, 27 January 2024)

¹ See Annex 8 for the financial and administrative implications for the Secretariat of this decision.

² Documents EB154/38 and EB154/38 Add.2.

³ Document EB154/39.

⁴ See decision EB153(10) (2023).

EB154(16) Date and place of the 155th session of the Executive Board

The Executive Board decided:

- (1) that its 155th session should be convened on 3 and 4 June 2024, at WHO headquarters, Geneva;
- (2) that, in the event that limitations to physical meetings preclude the holding of the 155th session of the Executive Board as envisaged, adjustments to the arrangements for that session should be made by the Executive Board or, exceptionally, by the Officers of the Board, in consultation with the Director-General.

(Sixteenth meeting, 27 January 2024)

EB154(17) Independent Expert Oversight Advisory Committee: extension of terms of office and appointment of new members

The Executive Board, having considered the report by the Director-General,¹

Decided:

- (1) to extend the term of office of the current members of the Independent Expert Oversight Advisory Committee as follows, subject to their availability:
 - Mr Greg Johnson (Switzerland/New Zealand), from 30 April 2024 to 31 May 2027;
 - Mr Bert Keuppens (Belgium), from 30 April 2024 to 30 April 2026;
 - Ms Beatriz Sanz-Redrado (Spain/France), from 31 December 2025 to 31 December 2027;
 - Mr Darshak Shah (Kenya), from 31 December 2025 to 31 December 2027;
 - Mr Rob Becker (Netherlands, Kingdom of the), from 31 December 2026 to 31 December 2028.
- (2) to appoint the following two new members to the Independent Expert Oversight Advisory Committee for a three-year term of office renewable once, in the order of priority that follows:
 - Ms Aseya Galadari (Bahrain);
 - Mr Brian McCartan (United States of America).

Their term will begin when a vacancy on the Committee arises, subject to their continued availability.

(Fifteenth meeting, 29 January 2024)

¹ Document EB154/41.

EB154(18) Award of the Sasakawa Health Prize

The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel,¹ awarded the Sasakawa Health Prize for 2024 to Dr Doreen Ramogola-Masire from Botswana for her outstanding innovative work in health development. The laureate will receive a statuette and US\$ 30 000.

(Sixteenth meeting, 27 January 2024)

EB154(19) Award of the United Arab Emirates Health Foundation Prize

The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel,² awarded the United Arab Emirates Health Foundation Prize for 2024 to the National Death Registry System of the Ministry of Health of Saudi Arabia for its outstanding contribution to health development. The laureate will receive US\$ 20 000.

(Sixteenth meeting, 27 January 2024)

EB154(20) Award of the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel,³ awarded the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2024 jointly to the Chinese Geriatrics Society of China and to Dr Ahmed Hamed Saif Al Wahaibi of Oman for their outstanding contribution to research in the areas of health care for the elderly and in health promotion. Each laureate will receive a plaque and US\$ 20 000.

(Sixteenth meeting, 27 January 2024)

EB154(21) Award of the Dr LEE Jong-wook Memorial Prize for Public Health

The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel,⁴ awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2024 to Dr Bader Al-Rawahi of Oman for his outstanding contribution to public health. The laureate will receive a plaque and US\$ 100 000.

(Sixteenth meeting, 27 January 2024)

¹ Document EB154/42, section 2.

² Document EB154/42, section 3.

³ Document EB154/42, section 4.

⁴ Document EB154/42, section 5.

EB154(22) Award of the Nelson Mandela Award for Health Promotion

The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel,¹ awarded the Nelson Mandela Award for Health Promotion for 2024 jointly to Professor Bontle Mbongwe of Botswana and to the National Institute of Mental Health and Neurosciences (NIMHANS) of India. Each laureate will receive a plaque.

(Sixteenth meeting, 27 January 2024)

EB154(23) Award of the Ihsan Doğramacı Family Health Foundation Prize

The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel,² awarded the Ihsan Doğramacı Family Health Foundation Prize for 2024 to Dr Jamila Taiseer Yasser Al Abri of Oman. The laureate will receive a gold-plated silver medal, a certificate and an honorarium of US\$ 20 000.

(Sixteenth meeting, 27 January 2024)

¹ Document EB154/42, section 6.

² Document EB154/42, section 1.

ANNEX 8

Financial and administrative implications for the Secretariat of resolutions and decisions adopted by the Executive Board

Resolution EB154.R7: Health conditions in the occupied Palestinian territory, including east Jerusalem
A. Link to the approved Programme budget 2024–2025
1. Output(s) in the approved Programme budget 2024–2025 under which this resolution would be implemented: 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings.
2. Short justification for considering the resolution, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.
4. Estimated time frame (in years or months) to implement the resolution: Four months (January–May 2024).
B. Resource implications for the Secretariat for implementation of the resolution
1. Total budgeted resource levels required to implement the resolution, in US\$ millions: Zero. The work requested to implement the resolution falls under the provisions of resolution EBSS7.R1 (2023). The associated financial and administrative implications of that work are contained in document EBSS/7/CONF/1 Add.1.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: Not applicable.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: Not applicable.

<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions</p> <p>– Resources available to fund the resolution in the current biennium:</p> <p>Not applicable.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Not applicable.</p> <p>– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</p> <p>Not applicable.</p>

<p>Resolution EB154.R8: Confirmation of amendments to the Staff Rules: standards of conduct for staff members, promotion, Global Board of Appeal and staff in posts subject to local recruitment</p> <p>Resolution EB154.R9: Parental leave</p>
<p>\A. Link to the approved Programme budget 2024–2025</p>
<p>1. Output(s) in the approved Programme budget 2024–2025 under which these resolutions would be implemented:</p> <p>4.3.2. Effective and efficient management and development of human resources to attract, recruit and retain talent for successful programme delivery</p>
<p>2. Short justification for considering the resolutions, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the resolutions:</p> <p>The relevant amendments to the Staff Rules and Staff Regulations will take effect from 1 January 2024. There is no defined end date for implementation.</p>
<p>B. Resource implications for the Secretariat for implementation of the resolutions</p>
<p>1. Total budgeted resource levels required to implement the resolutions, in US\$ millions:</p> <p>The resource requirements for the two resolutions are already included within what is planned under the approved Programme budget 2024–2025.</p> <p>All resource requirements to implement the resolutions would be covered within the post cost averages that form the basis of staff planning for the approved Programme budget 2024–2025. Since these are spread across all results and all levels of the Organization, the additional resource levels required for these resolutions are already covered within the same approved Programme budget 2024–2025.</p>

<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: Not applicable.</p> <p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the resolutions in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the resolutions in the current biennium: Not applicable. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

Decision EB154(1): Sustainable financing: WHO investment round
A. Link to the approved Programme budget 2024–2025
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 4.2.3. Strategic priorities resourced in a predictable, adequate and flexible manner through strengthening partnerships</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: One year (2024).</p>

B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	Range of US\$ 3.25 million to US\$ 5.55 million, as indicated in document EB154/29 Rev.1.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	Range of US\$ 3.25 million to US\$ 5.55 million. The table shows the breakdown of the lower limit of the estimated resource requirements (US\$ 3.25 million).
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	The resources needed will be covered by funds available for output 4.2.3, which include funds dedicated to partnerships and financing of the departments of Coordinated Resource Mobilization and of Health and Multilateral Partnerships and units of the Communications department.
– Remaining financing gap in the current biennium:	Zero.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.05	0.05	0.05	0.05	0.05	0.05	2.95	3.25
	Total	0.05	0.05	0.05	0.05	0.05	0.05	2.95	3.25
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB154(3): Proposals for improving the effectiveness of the WHO governing bodies

A. Link to the approved Programme budget 2024–2025

1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:

4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:

Not applicable.

3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Eighteen months (until June 2025).

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US\$ millions:

US\$ 0.10 million.

2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:

US\$ 0.10 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:

Zero.

<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</p> <p>Zero.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Zero.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 0.10 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>Zero.</p> <p>– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</p> <p>Not applicable.</p>

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.09
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.10
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

^a The row and column totals may not always add up, owing to rounding.

Decision EB154(4): Cost recovery mechanisms for voluntary contributions
A. Link to the approved Programme budget 2024–2025
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 4.3.1. Sound financial practices and oversight managed through an efficient and effective internal control framework</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: One year.</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 0.09 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 0.09 million.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.09 million. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.09
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.09
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision 154(5): Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance
A. Link to the approved Programme budget 2024–2025
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.
4. Estimated time frame (in years or months) to implement the decision: Indefinite.
B. Resource implications for the Secretariat for implementation of the decision
1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 0.38 million (until 2030).
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 0.10 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Zero.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: US\$ 0.11 million.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 0.17 million (until 2030).
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions – Resources available to fund the decision in the current biennium: US\$ 0.10 million. – Remaining financing gap in the current biennium: Zero.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.09
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.10
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.09
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.02
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
B.4. Future bienniums resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.14	0.14
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.17	0.17

^aThe row and column totals may not always add up, owing to rounding.

Decision 154(6): Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035
A. Link to the approved Programme budget 2024–2025
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings

<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>Three years.</p> <p>The draft global strategy for integrated emergency, critical and operative care, 2026–2035 will be submitted for consideration by the Seventy-ninth World Health Assembly (May 2026) through the Executive Board at its 158th session and would subsequently be translated into an action plan.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</p> <p>Zero.</p> <p>The financial and administrative implications for the Secretariat of resolution WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies were costed (see Extracts from document WHA76/2023/REC/1 for consideration by the Executive Board at its 154th session, Annex 3).</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</p> <p>Not applicable.</p> <p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</p> <p>Not applicable.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: Not applicable. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

Decision 154(7):	Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:	<p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p>
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Two years (June 2024–May 2026).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	US\$ 4.37 million.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	US\$ 4.37 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	Not applicable.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	Not applicable.

5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions

- **Resources available to fund the decision in the current biennium:**
US\$ 1.20 million.
- **Remaining financing gap in the current biennium:**
US\$ 3.17 million.
- **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Efforts are being made to increase resources through collaboration with China and Qatar, both of which have expressed an interest in supporting the transplantation programme.
A joint effort with UNODC is also being discussed to mobilize funding for specific projects on organ trafficking.
Through cooperation with the European Union in respect of its work to implement the European Neighbourhood Policy, action is being taken to explore the possibility of securing development funds to support countries bordering the European Union.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.31	0.26	0.22	0.26	0.22	0.24	1.36	2.87
	Activities	0.14	0.14	0.14	0.14	0.14	0.14	0.66	1.50
	Total	0.45	0.40	0.36	0.40	0.36	0.38	2.02	4.37
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

Decision EB154(8): Draft global action plan and monitoring framework on infection prevention and control
A. Link to the approved Programme budget 2024–2025
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.

<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Mid 2024 until end of 2031 inclusive (7.5 years).</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 42.82 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 10.19 million.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: US\$ 10.59 million.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 22.04 million.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 3.585 million. – Remaining financing gap in the current biennium: US\$ 6.605 million. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: The global infection prevention and control team (WHO headquarters and all regional offices) is planning a resource mobilization exercise with global health partners to raise awareness of, and fund allocations for, implementation of the draft global action plan for infection prevention and control and its monitoring framework.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.45	1.05	0.82	1.12	0.86	0.62	1.27	7.17
	Activities	0.45	0.37	0.40	0.40	0.40	0.53	0.47	3.02
	Total	1.90	1.42	1.22	1.52	1.26	1.14	1.74	10.19
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	1.50	1.09	0.85	1.16	0.89	0.64	1.32	7.46
	Activities	0.47	0.38	0.42	0.42	0.42	0.55	0.49	3.14
	Total	1.97	1.48	1.27	1.58	1.31	1.19	1.81	10.59
B.4. Future bienniums resources to be planned	Staff	3.13	2.27	1.77	2.42	1.85	1.33	2.74	15.51
	Activities	0.97	0.80	0.87	0.87	0.87	1.14	1.02	6.52
	Total	4.10	3.07	2.64	3.28	2.72	2.47	3.76	22.04

^a The row and column totals may not always add up, owing to rounding.

Decision 154(9): Universal health and preparedness review
A. Link to the approved Programme budget 2024–2025
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented: 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.
4. Estimated time frame (in years or months) to implement the decision: 22 months, to report to the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.
B. Resource implications for the Secretariat for implementation of the decision
1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 16.08 million.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 16.08 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.

<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</p> <p>Not applicable.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <p>– Resources available to fund the decision in the current biennium:</p> <p>US\$ 5.00 million.</p> <p>– Remaining financing gap in the current biennium:</p> <p>US\$ 11.08 million.</p> <p>– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</p> <p>It is expected that approximately US\$ 4–6 million can be mobilized with the support of the governments and government agencies. Fundraising activities are continuing.</p>

Table. Breakdown of estimated resource requirements (in US\$ millions) ^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.14	0.58	0.44	0.53	0.90	0.45	4.17	8.20
	Activities	1.50	1.20	1.20	0.67	1.30	1.18	0.83	7.88
	Total	2.64	1.78	1.64	1.20	2.19	1.63	4.99	16.08
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

^a The row and column totals may not always add up, owing to rounding.

Decision 154(10): Strengthening laboratory biological risk management	
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:	
2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported	
2.1.2. Capacities for emergency preparedness strengthened in all countries	
2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:	Not applicable.
3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	Six years (2024–2030).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	US\$ 33.59 million.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	US\$ 9.17 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	US\$ 9.54 million.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 14.88 million..

- 5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
- **Resources available to fund the decision in the current biennium:**
US\$ 1.49 million.
 - **Remaining financing gap in the current biennium:**
US\$ 7.68 million.
 - **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Discussions are ongoing to mobilize US\$ 9.8 million over 4 years from one donor source. Other mobilization efforts are also under way.

Table. Breakdown of estimated resource requirements (in US\$ millions) ^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.39	0.81	0.42	0.54	0.63	0.46	2.35	6.59
	Activities	0.34	0.34	0.34	0.34	0.34	0.34	0.54	2.58
	Total	1.73	1.15	0.76	0.88	0.97	0.80	2.89	9.17
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	1.45	0.84	0.43	0.57	0.65	0.47	2.44	6.85
	Activities	0.35	0.35	0.35	0.35	0.35	0.35	0.56	2.68
	Total	1.80	1.19	0.79	0.92	1.01	0.83	3.00	9.54
B.4. Future bienniums resources to be planned	Staff	2.26	1.31	0.67	0.88	1.02	0.74	3.81	10.69
	Activities	0.55	0.55	0.55	0.55	0.55	0.55	0.88	4.19
	Total	2.81	1.86	1.23	1.43	1.57	1.29	4.69	14.88

^a The row and column totals may not always add up, owing to rounding.

Decision 154(11): Global Health and Peace Initiative
A. Link to the approved Programme budget 2024–2025
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:</p> <p>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</p> <p>Not applicable.</p>

<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Six years.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions: US\$ 15.19 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: US\$ 2.31 million.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: US\$ 6.31 million.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: US\$ 6.57 million.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 0.04 million. – Remaining financing gap in the current biennium: US\$ 2.27 million. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: US\$ 1.00 million from various interested donors.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.18	0.08	0.02	0.05	0.08	0.01	0.27	0.69
	Activities	0.35	0.25	0.10	0.15	0.25	0.08	0.44	1.62
	Total	0.53	0.33	0.12	0.20	0.33	0.09	0.71	2.31
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.53	0.21	0.04	0.10	0.38	0.02	0.54	1.82
	Activities	1.20	0.75	0.20	0.30	1.00	0.16	0.88	4.49
	Total	1.73	0.96	0.24	0.40	1.38	0.18	1.42	6.31
B.4. Future bienniums resources to be planned	Staff	0.55	0.22	0.04	0.10	0.40	0.02	0.56	1.89
	Activities	1.25	0.78	0.21	0.31	1.04	0.17	0.92	4.68
	Total	1.80	1.00	0.25	0.41	1.44	0.19	1.48	6.57

Decision 154(12): Engagement with non-State actors**A. Link to the approved Programme budget 2024–2025****1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:**

Output 4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform

Output 4.2.2. The Secretariat operates in an accountable, transparent, compliant and risk management-driven manner, including through organizational learning and a culture of evaluation

2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:

Not applicable.

3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:

Not applicable.

4. Estimated time frame (in years or months) to implement the decision:

Official relations with non-State actors is a standing agenda item of the January session of the Executive Board. Each year one third of non-State actors are reviewed and, where applicable, renewed for a three-year period based on an agreed workplan and new entities are admitted for official relations with WHO.

B. Resource implications for the Secretariat for implementation of the decision**1. Total budgeted resource levels required to implement the decision, in US\$ millions:**

Resources (both income and expenses) associated with interactions with non-State actors in official relations are part of the regular planning cycle and are not calculated separately.

<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions: Not applicable.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions: Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions: Not applicable.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: Not applicable. – Remaining financing gap in the current biennium: Not applicable. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

<p>Decision EB154(13): Strengthening health and well-being through sport events</p>
<p>A. Link to the approved Programme budget 2024–2025</p>
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:</p> <ul style="list-style-type: none"> 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 3.2.1. Countries enabled to address risk factors through multisectoral actions 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025: Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling: Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision: Six and a half years, from July 2024 to December 2030.</p>

B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	US\$ 28.85 million.
2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:	US\$ 8.35 million. This does not include staff or activity costs associated with the provision of intensive event-specific technical assistance or resources for intervention activities in specific sport events in the biennium 2024–2025. Such types of assistance would be at the request of Member States, and would require separate additional resources based on the requirements of the specific sport event or setting. Additional resource mobilization would be required to respond to such requests from Member States.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:	US\$ 7.97 million. The note in section B.2.a. also applies here.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 12.53 million for the biennium 2028–2029, and 2030. The note in section B.2.a. also applies here.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions	
– Resources available to fund the decision in the current biennium:	US\$ 1.12 million.
– Remaining financing gap in the current biennium:	US\$ 7.23 million.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Resource mobilization efforts are under way through discussions with Member States, in particular with those Member States identified as having confirmed or planning bids for hosting future international and regional sport events, to support general technical work as well as event-specific technical assistance. In addition, outreach is under way to introduce the work programme outlined in the draft decision to other stakeholders.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.46	0.38	0.33	0.40	0.33	0.35	2.72	4.98
	Activities	0.12	0.12	0.12	0.12	0.12	0.12	2.68	3.37
	Total	0.58	0.50	0.45	0.51	0.45	0.47	5.41	8.35
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.45	0.37	0.32	0.38	0.32	0.34	2.29	4.46
	Activities	0.12	0.12	0.12	0.12	0.12	0.12	2.79	3.51
	Total	0.56	0.49	0.44	0.50	0.44	0.46	5.08	7.97
B.4. Future bienniums resources to be planned	Staff	0.70	0.58	0.50	0.60	0.51	0.54	3.62	7.05
	Activities	0.19	0.19	0.19	0.19	0.19	0.19	4.35	5.47
	Total	0.89	0.77	0.69	0.79	0.69	0.73	7.97	12.53

^a The row and column totals may not always add up, owing to rounding.

Decision EB154(14): Process for the nomination and appointment of Regional Directors
A. Link to the approved Programme budget 2024–2025
<p>1. Output(s) in the approved Programme budget 2024–2025 under which this decision would be implemented:</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
<p>2. Short justification for considering the decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</p> <p>Not applicable.</p>
<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>Sixteen months.</p>
B. Resource implications for the Secretariat for implementation of the decision
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</p> <p>US\$ 0.24 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</p> <p>US\$ 0.24 million.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</p> <p>Not applicable.</p>

